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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐

Declaration  
Submitted  
With Initial  
Filing

OR

☐

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket  
Number

TPIP019/WO US

First Named Inventor

Julius Remenar

COMPLETE IF KNOWN

Application Number

Filing Date

March 17, 2005

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHARMACEUTICAL SALTS OF VALDECOXIB

*(Title of the Invention)*

the specification of which

☐

is attached hereto

OR

☐

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

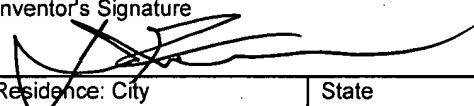
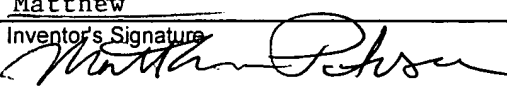
[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number:	34846		OR	<input type="checkbox"/> Correspondence address below
Name						
Address						
City			State		ZIP	
Country		Telephone		Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))				Family Name or Surname		
Julius				Remenar		
Inventor's Signature					Date	
					11-MAR-2005	
Residence: City		State		Country		Citizenship
Framingham		MA		USA		USA
Mailing Address						
9 Eaton Road						
City		State		Zip		Country
Framingham		MA		01701		USA
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))				Family Name or Surname		
Matthew				Peterson		
Inventor's Signature					Date	
					14-MARCH-2005	
Residence: City		State		Country		Citizenship
Hopkinton		MA		USA		USA
Mailing Address						
25 Downey Street						
City		State		Zip		Country
Hopkinton		MA		01748		USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.						

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 3 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Orn</u>		<u>Almarsson</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>11-Mar-05</u>	
Residence: City <u>Shrewsbury</u>	State <u>MA</u>	Country <u>USA</u>	Citizenship <u>Iceland</u>
Mailing Address <u>22 Farmington Drive</u> <u>USA</u>			
City <u>Shrewsbury</u>	State <u>MA</u>	Zip <u>01545</u>	Country <u>USA</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Hector</u>		<u>Guzman</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>3/11/05</u>	
Residence: City <u>Jamaica Plain</u>	State <u>MA</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>47 Wyman Street</u>			
City <u>Jamaica Plain</u>	State <u>MA</u>	Zip <u>02130</u>	Country <u>USA</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Hongming</u>		<u>Chen</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>3/11/05</u>	
Residence: City <u>Acton</u>	State <u>MA</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>8 Sawmill Road</u> <u>USA</u>			
City <u>Acton</u>	State <u>MA</u>	Zip <u>01720</u>	Country <u>USA</u>

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 4 of 4**Name of Additional Joint Inventor, if any:**☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Mark

Tawa

Inventor's  
Signature*Mark Tawa*

Date

3/11/05

West Roxbury  
Residence: CityMA  
StateUSA  
CountryUSA  
Citizenship

16 Carol Circle

USA

Mailing Address

West Roxbury  
CityMA  
State02132  
ZipUSA  
Country**Name of Additional Joint Inventor, if any:**☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Mark

Oliveira

Inventor's  
Signature*Mark Oliveira*

Date

3/11/05

Framingham  
Residence: CityMA  
StateUSA  
CountryUSA  
Citizenship69 Nichols Road, Apt. J  
Mailing Address

USA

Framingham  
CityMA  
State01701  
ZipUSA  
Country**Name of Additional Joint Inventor, if any:**☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

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Mailing Address

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	March 17, 2005
First Named Inventor	Julius Remenar
Title	Pharmaceutical Salts of Valdecosib
Art Unit	
Examiner Name	
Attorney Docket Number	TPIP019/WO US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

34846

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

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OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone


Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature		Date	11-MAR-2005
Name	Julius Remenar	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>Application Number</b>	
<b>Filing Date</b>	March 17, 2005
<b>First Named Inventor</b>	Julius Remenar
<b>Title</b>	Pharmaceutical Salts of Valdecoxib
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	TPIP019/WO US

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## SIGNATURE of Applicant or Assignee of Record

Signature	<i>Matthew Peterson</i>	Date	14-MARCH-2005
Name	Matthew Peterson	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Application Number

Filing Date

March 17, 2005

First Named Inventor

Julius Remenar

Title

Pharmaceutical Salts of Valdecoxib

Art Unit

Examiner Name

Attorney Docket Number

TPIP019/WO US

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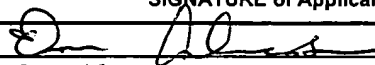
Telephone

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## SIGNATURE of Applicant or Assignee of Record

Signature		Date	11-MAR-05
Name	Orn Almarsson	Telephone	
Title and Company			

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March 17, 2005

**First Named Inventor**

Julius Remenar

**Title**

Pharmaceutical Salts of Valdecoxib

**Art Unit****Examiner Name****Attorney Docket Number**

TPIP019/WO US

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**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

3/11/05

Name

Hector Guzman

Telephone

617 875 7488

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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<b>Filing Date</b>	March 17, 2005
<b>First Named Inventor</b>	Julius Remenar
<b>Title</b>	Pharmaceutical Salts of Valdecoxib
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	TPIP019/WO US

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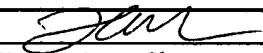
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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	3/17/05
Name	Hongming Chen	Telephone	
Title and Company			

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature

Mark Tawa

Date

3/11/05

Name

Mark Tawa

Telephone

Title and Company

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Filing Date

March 17, 2005

First Named Inventor

Julius Remenar

Title

Pharmaceutical Salts of Valdecoxib

Art Unit

Examiner Name

Attorney Docket Number

TPIP019/WO US

I hereby revoke all previous powers of attorney given in the above-identified application.

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Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature	<i>Mark Oliveira</i>	Date	3/14/05
Name	Mark Oliveira	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of \_\_\_\_\_ forms are submitted.

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